Child asthma treatment: a comparison of 30 EU and EEA countries based on a business model Description

Daniela Luzi

D Luzi
National Research Council, Rome, Italy
Contact: d.luzi@irpps.cnr.it

Background

Asthma is one on the most common chronic disease in childhood. Its diagnosis and treatment is commonly based on the GINA guidelines. However, differences across countries can be detected in the access of services, coordination of healthcare professionals, provision of diagnostics tests, just to mention a few examples. For these reasons, the MOCHA project identified asthma as one of the tracing conditions to be analysed for the comparison and appraisal of existing models of primary care for children among 30 EU/EEA countries. A business process methodology is adopted providing the description of the organization, coordination and delivery of childcare.

Methods

A conceptual framework was developed to capture and single out meaningful parts of the child healthcare pathways to facilitate the comparison between national health systems. It is based on UML (Unified Modelling Language) standard that allows the description of childcare pathways considering: actors involved in the process of care; activities performed; services/locations of treatments, timelines. The process description is based on the results of Country Agents questionnaires developed by MOCHA partners around case studies, that capture real-life context of childcare.

Results

On the basis of results of the MOCHA questionnaires, UML diagrams are presented grouping countries similarities in terms of procedures, services, caregivers for asthma treatment. In particular, the process description is focused on the access of out-of-hours services, use of medical records and performance of the spirometry test and referral procedures. This allows to capture patterns of integration between primary and secondary care.

Conclusions

The process description approach allows the identification of patterns of healthcare delivery across countries. These results will be used in triangulation with the other MOCHA outputs, such as health outcomes, workforce and costs.